

Minutes of the Health & Human Services Board & Committee

Thursday, November 12, 2009

Chairs Paulson and Farrell called the meeting to order at 1:00 p.m.

Committee Members Present: Supervisors Duane Paulson (Chair), Jim Jeskewitz, Gilbert Yerke, Bill Zaborowski, and Kathleen Cummings. Janel Brandtjen arrived at 1:11 p.m. **Absent:** Pauline Jaske.

Board Members Present: Citizen Members Dennis Farrell (Chair), Michael O'Brien, JoAnn Weidmann, and Dr. Peter Geiss; and Supervisors Duane Paulson and Jim Jeskewitz. Supervisors Janel Brandtjen arrived at 1:11 p.m. and Paul Decker at 1:16 p.m. **Absent:** Citizen Members Joe Vitale and Flor Gonzalez.

Also Present: Legislative Policy Advisor Dave Krahn, Adolescent & Family Services Supervisor Jeri Shryock, Adolescent & Family Services Manager Peter Slesar, Clinical Therapists Janice O'Rourke and Amy Plum, Health & Human Services Deputy Director Don Maurer, Senior Financial Analysts Clara Daniels and Bill Duckwitz, Child & Family Services Supervisor Mary Alice Grosser, Social Worker Sue Sevenz, Children & Family Services Manager Jesús Mireles, Health & Human Services Director Peter Schuler, and Larry DeRoo and Missy Kueht Becker of Lutheran Social Services (LSS). Recorded by Mary Pedersen, County Board Office.

Committee Agenda Items

Approve Minutes of 10-29-09

MOTION: Jeskewitz moved, second by Zaborowski to approve the minutes of October 29. Motion carried 5-0.

Correspondence

- Correspondence Pertaining to Dodge County Clearview Long Term Care/Rehab Facility and Multi-County Initiative.

Future Agenda Items

- Update by Children & Family Services on their Efforts to Involve Fathers (Zaborowski)

Board Agenda Items

Approve Minutes of 10-29-09

MOTION: Weidmann moved, second by Paulson to approve the minutes of October 29. Motion carried 6-0.

Advisory Committee Reports

Weidmann said the Public Health Advisory Committee (PHAC) met this morning where the main topic of discussion was H1N1. The PHAC wants to attend the Health & Human Services Board/

Committee meeting of December 10 when staff give an update on H1N1. All attempts will be made to schedule this item first on the agenda. The PHAC is urging all committee and board members to attend an H1N1 clinic. She commended the County on how well they are managing these clinics.

Farrell announced the Mental Health Advisory Committee is beginning, as the other advisory committees should be doing, to compile their unmet needs list for next year. He and Paulson will be meeting next week to schedule 2010 meeting dates including unmet needs presentations, the public hearing, etc.

Announcements

Farrell announced that Joe Vitale is still recuperating and cannot attend today's meeting. Farrell said he will substitute for Vitale on the Child & Family Advisory Committee and will give a report at the next board meeting.

Jeskewitz said he received two phone calls from constituents regarding our 2010 budget, comparing it to Milwaukee County's budget, to which he explained to them that more than 40% of our budget is mandates.

Maurer advised that the Recognizing Outstanding Kids Art Show is today in the Health & Human Services Board Room for anyone interested. The reception is at 6:30 p.m. Maurer distributed information on the 2009 Fall Wisconsin County Human Service Association Conference in December in Wisconsin Rapids. He also distributed copies of a Q&A information sheet from the State of Wisconsin in response to concerns with cuts and changes in Family Care employment services.

Future Agenda Items

Farrell indicated St. Coletta's will be scheduled for the December 10 combined meeting to give a presentation on the transportation program which they took over for Jefferson County.

Brandtjen arrived at 1:11 p.m.

Farrell noted there may be a joint meeting with Washington County in the future.

Combined Agenda Items

Decker arrived at 1:16 p.m.

Treating Trauma – A Healing Journey (Adolescent & Family Division)

Shryock introduced O'Rourke and Plum, two highly specialized trained clinical therapists at Health & Human Services. Shryock said the procedures they will be talking about today are extremely helpful for working with children and families. Those individuals entering Child Welfare have the highest likelihood of having traumatic life experiences. It has been very difficult for traditional mental health to help with these issues whereby copies of "Treating Trauma: A Healing Journey" were distributed. Because O'Rourke's and Plum's skills are so specialized and sought after, they have worked with families in probably every unit and division at the Department.

O'Rourke explained how the brain works and processes trauma. Trauma responses include fight, flight, freeze, submit, and collapse. Trauma establishes one's core belief and the event is stored in the body forever. Symptoms of trauma include anxiety, depression, flashbacks, AODA, cutting, picking abusive mates, phobias, skipping school, anger, etc. O'Rourke said families are often referred for issues such as truancy at school, running away from home, marijuana usage, etc. Through therapy, they often find there was trauma such as rape, abuse, etc. She noted it is worthless and a waste of time to chase symptoms, you have to go to the core through therapy.

O'Rourke explained two different treatment methods as traditional talking typically doesn't work. She referred to these unique methods as Eye Movement Desensitization, and Reprocessing and Holographic Memory Resolution which she explained in detail. She passed around a device similar to an ipod, developed for returning Vietnam War veterans to restore memories and prepare them to move beyond trauma. O'Rourke and Plum gave examples of this therapy and how they work to heal people who have experienced some sort of trauma.

To answer Paulson's question, Shryock said this program began at the County in 2000.

Summary Report of State Quality Service Review/Continuous Quality Improvement Review of Child Welfare Services

Mireles distributed handouts for today's discussion including "Quality Services Review – Protocol for Use by Certified Reviewers" which is a tool staff uses to rate cases. Sevenz explained there is a group of State employees who review child welfare cases but because it is such a big job, they have asked child welfare workers throughout the state if they were interested in helping. The State provides the training and pays for their work and Sevenz said she does this, more or less, on her own time Maurer noted that Sevenz and Grosser are not allowed to review Waukesha County cases but have reviewed cases throughout the state. Sevenz indicated that 47 of the 72 counties have been reviewed and counties the size of Waukesha are reviewed every three years. Mireles said it is valuable for them to be on the other side to see how we compare to other counties and determine if Waukesha County can improve services.

Grosser explained that 12 cases are selected at random and the reviewers spend two days intensely reviewing the cases which include focus group interviews of everyone involved, debriefings, oral presentations of case findings, next step action planning, and written case summaries. Staff passed around a copy of "Reviewing and Refining our Practice – where are we now, what to do next." The Quality Service Review (QSR) team checks for safety and then moves to appraising the best practice for well-being and permanency. QSR is a way of knowing what is working or not working in practice, for which children and families, and why.

Grosser said the State shared the results of the 47 counties which she explained as outlined in her handout entitled "Outcome Comparisons from QSR." Two results were that foster parents in Wisconsin are well trained and the Birth to Three Program is a consistently strong program throughout the state. The one issue that really shined in Waukesha, and everyone else needed some tweaking, was our experienced staff. This is truly unique to Waukesha and shows a high level of commitment by our staff. Sevenz said having in-house AODA and mental health services is a strong point and they are working to strengthen this relationship. The State was incredibly impressed with our community providers, some of which are unique to Waukesha, such as the St. Charles intensive family treatment team. Another strong point for Waukesha County were relative caregivers and that Waukesha does a great job of seeking out and finding appropriate relatives to

care for kids when they cannot be in their own home. Grosser went on to list challenges for Waukesha County including a lack of transportation in outlying areas, a lack of low income housing, a need for local treatment foster care, and the need to expand Independent Living Services.

Sevenz went on to review case samples comparing statewide statistics with Waukesha County statistics including mental health issues, AODA, case outcomes, performance measures, etc. Waukesha County scored lower than the rest of the state 6 out of 9 categories reflecting challenges such as housing and financial stability. Sevenz said Waukesha County scored significantly higher than the rest of the state in progress towards independence/permanence. Waukesha County also scored higher than the rest of the state in all categories of performance measures which again reflects on staff. Common themes throughout the state include more families with complex long term needs, an increased number of children with significant mental health needs, increased caseloads/budget cuts affecting services, and locating and servicing provisions to missing fathers.

Mireles said they are collaborating with the State to review and prioritize these items. The top two priorities are to enhance teams whereby everybody understands their role, responsibility, and the case plan; and engage fathers and improve efforts to connect with them to get them involved with their child's life. Zaborowski asked for a future update on their efforts to get fathers involved.

Update on H1N1 Clinics

Schuler indicated more than 1,500 people went through the H1N1 clinic on Tuesday and so far they have immunized more than 4,500 people. They are advertising the clinics extensively. Schuler noted this is a great collaboration of workers and volunteers. Staff have been able to find nurses from registries and staff are negotiating with Carroll University to get students and faculty involved. The State today changed recommendations as to who is eligible for the immunization and beginning Tuesday this will include adults 19 through 64 who have underlying medical conditions. They have already seen some of these individuals and they have not been turned away. So far, the priority groups have included pregnant women, persons who live with or provide care to infants six months of age or younger, health care and emergency medical personnel, children 6 months to 4 years, and adolescents 5 to 18 with chronic medical conditions.

Update on Birth to Three Services

Staff distributed copies of "Let's Talk – LSS for Parents" and "The Story of Birth to Three in Waukesha County." Mireles gave a brief recap of the Birth to Three Program which the County contracts with Lutherans Social Services (LSS). Due to various funding cuts and challenges over the last several years, they have continually reinvented how they deliver services. Mireles said seven of the last eight years have resulted in deficits although LSS has covered those losses within the spirit of their organization. LSS is challenged financially and they are anticipating a \$100,000 deficit. Mireles said the State is cutting funds by \$51,000 although that should be offset by \$85,000 in stimulus funds for 2010 and 2011. However, they expect funding problems again beginning in 2012. Mireles said they have begun to change to a primary service provider model, trying to maximize the experience of staff and minimize cost using the Hanen model to help intervene with children with delays. It will be essential that workers understand the primary service provider model. DeRoo said these changes will make them stronger in the future.

Becker said in 2008, 55% of the kids leaving Birth to Three at the age of 3 no longer needed services. This compares to 34% back in 2005. Becker said they continue to improve outcomes and kids are ready for the typical environment once they leave the program, even though funding

continues to decrease. Maurer said LSS has managed this program almost from the beginning and they are now operating in the red.

Educational Presentation on the Hanen Program

Becker said one program that has been really positive is the Hanen Program, targeted at families who have kids with language delays/disorders. She explained the program in detail and gave examples of what typical workgroups consist of. Unfortunately, it is not billable to insurance because it's not considered therapy.

MOTION: Cummings moved, second by Jeskewitz to adjourn the committee meeting at 3:32 p.m. Motion carried 6-0.

Weidmann moved, second by O'Brien to adjourn the board meeting at 3:32 p.m. Motion carried 7-0.

Respectfully submitted,

Kathleen M. Cummings
Secretary